

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		3				
2		/					52		3				
3		/					53		3				
4		/					54	/					
5		/					55	/					
6		/					56	/					
7		/					57		3				
8		/					58		3				
9		/					59		3				
10		/					60	/					
11		/					61		3				
12		/					62		3				
13		/					63		3				
14		/					64		3				
15		/					65		3				
16		/					66		3				
17	/						67		3				
18	/						68		3				
19	/						69		3				
20		/					70		3				
21		/					71		3				
22		/					72		3				
23		3					73		3				
24		3					74		3				
25		3					75		3				
26		3					76		3				
27		3					77		3				
28		3					78		3				
29		3					79		3				
30		3					80		3				
31		3					81		3				
32		3					82		3				
33		3					83		3				
34		3					84		3				
35		3					85		3				
36		3					86	/					
37		3					87	/					
38		3					88	/					
39		3					89						
40		3					90						
41		3					91						
42		3					92						
43		3					93						
44		3					94						
45		3					95						
46		3					96						
47		3					97						
48	/						98						
49		3					99						
50		3					100						
T TAL IND.	9						T TAL IND.						
T TAL DEP.	193						TOTAL DEP.						
TOTAL CLAIMS	201						TOTAL CLAIMS						